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AUTHOR Aaronson, May
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ABSTRACT

This paper suggests goals for future research programs in parent education. Suggestions include: (1) developing and replicating long-term studies of the effects of parent education, (2) examining the antecedents of adult behavior disorders to plan parenting programs that aim at preventing such disorders, (3) replacing deficit models of parenting with more positive approaches, (4) involving parents in program planning, (5) helping middle-class families with early parenting needs, (6) finding the most economical methods of delivering parenting services to large populations, and (7) improving assessment skills. (BRT)

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Name of Author: May Aaronson
Program Specialist
Early Child Care Research Program
Center for Studies of Child and Family Mental Health

Institution and address: National Institute of Mental Health
Alcohol, Drug Abuse, and Mental Health Administration
Department of Health, Education, and Welfare
5600 Fishers Lane
Rockville, Maryland 20852

Social Security No.: 578-62-3542

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Please note: This paper is to be attached and made a part of the Symposium Proposal submitted by Dr. Joseph Glick and Anne G. Morris, Parent Education Program, Department of Pediatrics, Mt. Sinai School of Medicine, Fifth Avenue and 100th Street, New York, New York 10029. To assure meeting the deadline, this is being mailed directly to Dr. John J. Conger, Denver, Colorado.

Title of Symposium: Parent Education Programs

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Future directions in parent education research programs are largely dictated by the questions generated from past research. This paper describes completed and ongoing research and suggests goals and objectives for future studies.

During the last decade, research related to early child care and parenting has established beyond a doubt the importance of environmental influences for the optimal development of children. However, studies have been largely limited to the prevention or alleviation of environmentally determined mental retardation among poverty populations. The possibilities of cognitive enrichment for both average and gifted children have been left relatively unexplored. Moreover the prevention of behavior problems and social inadequacies is no less important than the prevention of cognitive deficits, if children are to be prepared for survival in today's society. As the poor have no monopoly on cognitive or mental health needs, research should be extended to include children and families of all socio-economic classes. Additionally, research should be directed toward assisting and supporting families in the development of the positive, integrative aspects of children's behavior; such as imagination, creativity, and other prosocial behaviors, toward the goal of improving the general quality of future leadership of the nation.

Parent education programs, although often successful, have been prohibitively costly in manpower and money. Prevention may be less costly than cure, but it will still be necessary to find the least costly methods for enhancing the intellectual and social functioning of children. The institutions which are already delivering services to children and their families should be involved in the development of innovative and economical methods for improving and extending their services. More studies are needed which address questions such as the following: How can institutions and their staffs be mobilized to deliver large scale preventive mental health programs that will be accepted and valued by the children and families they serve? How can schools be used to teach improved parenting and family living to students? How can hospitals and other institutions be used to educate potential parents and parents of newborns? How can voluntary associations become involved in making a contribution toward education for parenting through the professionals and families they represent? Can obstetricians, pediatricians, nurses, and other staff who normally interact with parents and potential parents impart instruction successfully and inexpensively to their clientele in the mental health as well as the physical health aspects of early child care and parenting?

If children are the most valuable natural resource of the nation, and the responsibility for their upbringing rests with their individual families, researchers have before them a monumental task of finding ways, within available means, of educating, strengthening and supporting all families in their child-rearing endeavors.

TITLE: FUTURE DIRECTIONS IN PARENT EDUCATION RESEARCH

AUTHOR: May Aaronson

ADDRESS: Center for Studies of Child and Family Mental Health, National Institute of Mental Health, Department of Health, Education, and Welfare, Rockville, Maryland

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FUTURE DIRECTIONS IN PARENT EDUCATION RESEARCH

May Aaronson

We have heard about four outstanding projects using various strategies for parenting education. (Glick-Morris[1], Gordon, Ira J.[2], Levenstein, Phyllis[3], Weikart, David P.[4]) They have used home visitors alone, or combined with preschool programs, or in the case of the Glick-Morris program, the mothers have received instruction in a clinic setting without the presence of the children. Experiments such as these should continue to follow the children to maturity so that we can truly understand the measure of their impact. Also the researchers should encourage wide replication, as Phyllis Levenstein is already doing, to demonstrate that the methods are effective independent of the personal skills of the present investigators.

I'd like to make a few purely personal observations about the future directions for parent education research. Last week, in Washington, at the American Educational Research Association (AERA) Symposium on Early Education and Child Development[5], Bob Hess asked the panel of speakers, "Have we reached a plateau in our research?" I don't believe any of the panelists approached this question directly. Another way of putting the question would be "Where, if anywhere, are the parenting programs leading us?"

We have made tremendous strides in the last decade in understanding the impact of environmental forces on the ability of children to function both socially and intellectually. And on the basis of this knowledge we have experimentally manipulated the environments to improve the abilities of small numbers of children to cope with the demands of the social and academic world. But at

no point can researchers rest on their laurels. There is no room for "plateaus." We are all aware that each bit of research raises more questions than it answers and serves only as a stepping stone to further research.

At the same time, we find ourselves in a dilemma, as the needs of society for parenting programs are immediate. We are somewhat in the position of having a Salk vaccine but not knowing the best and most economical methods of distributing the product to a variety of potential users. Additionally, we really aren't ready, because there's a great deal we still don't know about our product. How long will the effects last? Apparently not as long as we would like, unless there are continuous boosters along the way. At what age should it be administered? At birth? At two? At three? We have a suspicion that the earlier the better, but we don't really know. We need more research.

For instance, perhaps we should be looking at possible antecedents of adult behavior disorders. Recognizing full well that there are other contributing factors, it is still difficult to ignore a whole body of literature (e.g., Ainsworth, M.D.S. and Bell, S.M., 1972[6] and Bowlby, J., 1969[7]) pointing to the earliest attachments between mother and infant and the early relationships formed within a family as possible determinants of later behavior and behavior disorders. Take depression for example. Depressive disorders are almost at the top of the list of adult mental health problems in the United States[8]. Marie Meierhofer[9], a Swiss child psychiatrist, claims infant depression in the first month of life is almost always due to isolation--which means more than physical separation.

Sometimes, she points out, babies do not get the warm contact they need even at their mother's side. Information of this nature suggests that interventions should be planned at ever earlier ages. Then when should they begin? At birth? During the prenatal period? In parenthood courses for potential parents? In Junior and Senior High School? Earlier? Perhaps at all of these times.

Also, we need to free ourselves of the deficit model which has controlled our thinking. We're noting at long last that all families have both strengths and weaknesses. A Black psychologist, Joy Schulterbrandt[10], points out that it is time we studied the strengths of Ghetto families. Obviously it takes different coping abilities to live in poverty, in high crime and vice areas, than to live in suburbia. We should consult Ghetto families who are coping successfully and learn how they socialize their children--also what they perceive are their greatest obstacles. Typically we study minority groups and decide for them what their problems are. Instead we should listen more and try to find out what they perceive their problems to be. Perhaps if we did these things we would be able to develop methods more attuned to Ghetto needs or approaches more acceptable and valued by the people we mean to serve.

Do people living in poverty have a monoply on so-called high-risk children? Our studies to date have been largely devoted to providing parenting education and emotional support for the families of children raised in poverty. How about middle-class families? Don't they have mental health problems that affect the successful progress of their children through the academic system

and into the adult world? From where are the teenagers coming who run away from home, drop out, tune out, get high on alcohol, hard drugs and speed pills, become juvenile delinquents and even suicides? Aren't many of them from middle-class families? Could the children have benefitted if their parents had had parenting education and emotional support in earlier years?

Now to move away from discussing families with so-called high-risk children. Don't many average families have children, who may be average or gifted, who are hindered from reaching their full potential due to unmet mental health needs of the family during their early development? Is it possible that we could improve the environments in which they develop? Can we afford to ignore the possibility? Don't we see many adults in our society who might provide leadership in various areas of endeavor, who are gifted and creative, but who never reach their full potential because of emotional handicaps? They are persons who are ill-at-ease or behave inappropriately with others, who are hostile or argumentative, or who because of other personality problems cannot cooperate or gain the cooperation of others. Have we even begun to consider the promise that early parenting programs may have for the prevention of later behavior handicaps in all of our children?

A further consideration: parenting programs, however successful, have been costly in manpower and money. More economical methods of delivering such services to large populations will have to be found if we are going to provide support services to all who may benefit. For example, Don Stedman (11) in some

pilot work was able to raise the IQs of small numbers of children merely by testing them frequently with the mothers looking on. Would many mothers, just by observing testing sessions, become sufficiently knowledgeable and motivated to improve their child care and education skills? If so, not as many home visitor programs would be needed. A testing program in a central location would be simpler and less expensive. Stedman[12] is now trying to find the answers to these questions through a large carefully designed study of the effects of frequent periodic testing on the social and intellectual development of infants and on the behaviors of mothers involved in the evaluation process.

Established institutions, such as hospitals, schools, and libraries, can play an important role in reducing the cost of delivering large scale parenting programs by combining parent education with related services in which they already are involved. The Glick-Morris project in a pediatric clinic is a good example of an inexpensive program that could be added to any hospital pediatric clinic. Another illustration would be a study soon to be funded which will alter hospital procedures to allow a large number of mothers and babies more body contact from birth and will begin education for parenting in the hospital setting. Parenting programs in toy libraries, like the one Dorothy Edwards[13] developed in Washington, D. C., could be added to already existent community and school libraries, thus economically providing education on ways to use toys and books to enhance parent-child relationships and stimulate learning.

A final point: are we satisfied with our evaluation tools? There are not sufficient appropriate and well-accepted valid and reliable instruments available for the assessment of early childhood behavior and learning and family processes and interactions. Consequently unproven, inadequate or inappropriate instruments are at times drafted into use, reducing confidence in the research findings. Additionally, lack of sufficient uniformity of measurement tools among researchers makes cross-research analyses and cumulative research analyses difficult.

To briefly sum up these personal observations on future directions in parent education research, they would include (1) developing long-term studies of the kinds of parenting research that have been reported at this symposium, (2) replicating the most promising of these studies, (3) examining the antecedents of adult behavior disorders to plan parenting programs that are truly primary prevention, (4) supplanting deficit models with more positive approaches and using the parents we serve as resources in the planning, (5) investigating the possibilities of helping middle-class families with their early parenting needs, (6) finding the most economical methods of delivering parenting services to large populations, and (7) improving our skills in the measurement and assessment of the factors we are studying. Many of you here could add much more to this list. We must conclude that researchers can ill afford the luxury of resting on "plateaus." They have before them a monumental task of finding ways, within available means, of educating, strengthening and supporting all families in their child-rearing endeavors.

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